

OGRA MEMEBERSHIP APPLICATION

(PLEASE PRINT)

NAME: _____ COUNTY: _____
(Oklahoma Only)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (HOME): _____ (CELL): _____

E-MAIL ADDRESS: _____

Membership Classification and Dues:

(DUES ARE ASSESSED AND PAYABLE YEARLY, BEGINNING OCTOBER 1 EACH YEAR.
MEMBERSHIP APPLICATION MUST ACCOMPANY PAYMENT OF DUES.)

GENERAL: \$20.00 All rights, privileges and responsibilities INCLUDING the right to
VOTE on organizational matters.

ASSOCIATE: \$15.00 All rights, privileges and responsibilities EXCEPT the right to VOTE
on organizational matters.

COMMERCIAL: \$30.00 All rights, privileges and responsibilities EXCEPT the right to compete
at IGRA sanctioned rodeos and/or events; and, the right to VOTE on organizational matters.

CASH: \$ _____ CHECK/MO: # _____ (Make checks payable to: OGRA)

Mail to: OGRA, P.O. Box 12485 Oklahoma City, OK 73157-0485

LIABILITY WAIVER

I, _____, do hereby waive all liability of OGRA, all its membership associations and affiliates, their officers and members, clubs, bars, related facilities, and Rodeo facilities, the City, the County, the State and all of their entities, where an OGRA activity is held, for loss or injury caused to my person, property, or other person and their property, for the duration of said activity.

Signed this _____ day of _____, 20____.

NAME AND PHOTO RELEASE

My name CAN, or CANNOT be used.

My photo CAN, or CANNOT be taken and used by the OGRA and/or the news media.

I fully understand that if I indicate "CAN" that these pictures become the sole property of OGRA.

Signed this _____ day of _____, 20____.

Signature: _____